

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596369

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		0		0		
6		2		2		
7		2		2		
8		0		0		
9		0		0		
10		0		0		
11	1		1			
12		1		1		
13		2		2		
14		0		0		
15		0		0		
16		0		0		
17	1		1			
18		1		1		
19		0		0		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS		19				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						